From:

10/17/2006 13:44

#779 P. 001/004

Division of Corpo

Page 1 of 1

Florida Department of State

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Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088

Phone : (800)221-0102

Fax Number : (212)564-6083

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ICW Productions LLC

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10/17/2006

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	ICW PRODUCTIONS LLC			
	(Name of Foreign Limited	Lìa	bility Company)	
2.	Delaware	2	20-5559000	
,	(Jurisdiction under the law of which foreign limited liability company is organized)	,	(FEI number, if applicable)	
4.	September 14, 2006	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	N/A			
	(Date first transacted business in I (See sections 608.501 & 608.502 F.			•
7.	1001 NE 26th Avenue	·	OCT LAH	-71
:	Hallandale, Florida 33009		ASS:	Ë
	(Street Addres	s of	Principal Office)	
8.	If limited liability company is a manager-manage	d c	ompany, check here	
9.	The name and usual business addresses of the ma	mag	ing members or managers are as follows:	
	Beth Trachtenberg		_	
	1001 NE 26th Avenue			
	Hallandale, Florida 33009			
the	 Attached is an original certificate of existence, no more than 90 e jurisdiction under the law of which it is organized. (A photocomstation of the certificate under eath of the translator must be suf- 	py i	s not acceptable. If the certificate is in a foreign language, a	ords in
11	. Nature of business or purposes to be conducted of	or p	romoted in Florida: To engage in any lawful act or	
	activity for which limited liability companies are formed w	rithir	the the state.	,
	/s/ BETH TRAC	СНТІ	ENBERG	
	Signature of a member or an a (In accordance with section 608.408(3), an affirmation under the penalties of pe	F.S.	orized representative of a member. , the execution of this document constitutes that the facts stated herein are true.)	
	Beth Trachtenberg, Managing Men		·	
	Typed or printe	ed n	ame of signee	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE MIDERSON TO A TOTAL LAND TTY COMPANY SUBMITS THE FOLLOWING STATEMENT

1. The hange of the	Limited Liability Compan	.,		
	ICW PRO	DUCTIONS LL	C	
2. The name and the	e Florida street address of	the registered a	gent and office are:	oc (
	National Corpo	orate Résearch,	Ltd., Inc.	
The section of the se	·	(Name)	• ,	HASSA TARY
		ast Park Avenue		
+-	Florida Street Addres	ss (P.O. Box NOT	ACCEPTABLE)	ES 5
	Tallahassee	FL	32301	
		City/State/Zip		•
liability company at a agent and agree to a relating to the proper	as registered agent and to o the place designated in this ct in this capacity. I furthe r and complete performanc sition as registered agent a	certificate, I her r agree to compl ce of my duties, a	eby accept the appoi y with the provisions nd I am familiar with	ntment as registered of all statutes and accept the
liability company at a agent and agree to a relating to the proper obligations of my pos	the place designated in this ct in this capacity. I furthe r and complete performance sition as registered agent a	certificate, I her r agree to compl ce of my duties, a	eby accept the appoi y with the provisions nd I am familiar with	ntment as registered of all statutes and accept the
liability company at a agent and agree to a relating to the proper obligations of my pos	the place designated in this ct in this capacity. I furthe r and complete performance sition as registered agent a	certificate, I her r agree to compl ce of my duties, a	eby accept the appoi y with the provisions nd I am familiar with	ntment as registered of all statutes and accept the
liability company at a agent and agree to a relating to the proper	the place designated in this ct in this capacity. I furthe r and complete performance sition as registered agent a	certificate, I her r agree to compl ce of my duties, a	eby accept the appoi y with the provisions nd I am familiar with	ntment as registered of all statutes and accept the

\$ 100.00 Filing Fee for Application Designation of Registered Agent 25.00 Certified Copy (optional) 30.00 Certificate of Status (optional)

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10/17/2006 13:45 #779 P. 004/004

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICW PRODUCTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICW PRODUCTIONS LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4219866 8300

060951251

Harriet Smith Windson Secretary of State

AUTHENTICATION: 5120742

DATE: 10-17-06

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